

Iowa Department of Inspections and Appeals TSB Certification Program – (515) 281-5796 TARGETED SMALL BUSINESS CERTIFICATION APPLICATION	Department Use Only	
	Check #	Date:
	Amount:	Int:

Business Name:		Owner Name(s):		<input type="checkbox"/> Racial/Ethnic Minority	<input type="checkbox"/> Woman
				<input type="checkbox"/> Person with a Disability	
Business Address:	City:	County #:	Zip Code:	Business Telephone (include area code):	
Mailing Address (if different from above):	City:	Zip Code:	Federal ID Number (EIN):		
Person to Contact:	FAX Number:	TDD Number (hearing impaired only):	Social Security Number:		
E-Mail Address (computer-accessed electronic mail):	Geographical Operating Radius:		Ownership:		
	<input type="checkbox"/> Local 01	<input type="checkbox"/> Statewide 04	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation		
	<input type="checkbox"/> County 02	<input type="checkbox"/> National 05	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co.		
	<input type="checkbox"/> Surrounding Co's 03	<input type="checkbox"/> International 06			

General Information

Purpose of Application:			Date You Started or Will Start Business, or Date You Accept Ownership:		
State Bids <input type="checkbox"/>	Financial Aid <input type="checkbox"/>	Both <input type="checkbox"/>			
On the lines below explain the nature of your business. Include the major field of operation, products sold, or services rendered. Consultants explain area of expertise. Name specifically and exactly what you sell. (This is how you will be listed on the TSB Directory.)					
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service				
<input type="checkbox"/> Dealer with Inventory	<input type="checkbox"/> Research				
<input type="checkbox"/> Dealer without Inventory	<input type="checkbox"/> Consultant				
<input type="checkbox"/> Construction	<input type="checkbox"/> Retail				
<input type="checkbox"/> Distributor					

Financial Information - In the spaces below, supply information about your banking institution (or potential banking institution).

Name of Bank:				Street Address:			
Person to Contact:		Telephone Number (include area code):		City:		Zip Code:	
Type of Account:				Account Number:			
Enter gross income information for previous three years:	20 ____	\$	20 ____	\$	20 ____	\$	<input type="checkbox"/> New Business No Income

Explain the source of capital to begin or buy your business. Identify the source of any loan, mortgage, or other form of debt. (Attach additional sheets, if necessary.)

Finance Source (lending institution, if any):			Street Address:		
Person to Contact:	Telephone Number (include area code):	City:	State:	Zip Code:	
Type of Loan:	Loan Number:	Signatory (who will or who has signed for the loan):			

If you purchased your business, complete the appropriate information below.

Name of Seller:		Street Address:	
City:	State:	Zip Code:	Telephone Number (including area code):
Name of Seller:		Street Address:	
City:	State:	Zip Code:	Telephone Number (including area code):

Business address is also home address: ☐ Yes ☐ No

Enter information about any working agreement with another business. Include agreements with the previous owner of your business.

Name of Business:	Type of Business:	Telephone Number (include area code):
Agreement is: <input type="checkbox"/> Written <input type="checkbox"/> Verbal		Attach copy of written agreement. Explain verbal agreement below.
Name of Business:	Type of Business:	Telephone Number (include area code):
Agreement is: <input type="checkbox"/> Written <input type="checkbox"/> Verbal		Attach copy of written agreement. Explain verbal agreement below.

Business Equipment - (Attach a copy of lease or rental agreement.)

Item:	<input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Purchase	From Whom (lessor, rental agent, previous owner):	Telephone Number (include area code):
Date Purchased:	Purchase Price: \$	Cost: \$	<input type="checkbox"/> Annual <input type="checkbox"/> Month Business Name:
Rental or Lease	Expiration Date:	<input type="checkbox"/> Open End <input type="checkbox"/> Closed End	Purchase Current Value \$
Item:	<input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Purchase	From Whom (lessor, rental agent, previous owner):	Telephone Number (include area code):
Date Purchased:	Purchase Price: \$	Cost: \$	<input type="checkbox"/> Annual <input type="checkbox"/> Month Business Name:
Rental or Lease	Expiration Date:	<input type="checkbox"/> Open End <input type="checkbox"/> Closed End	Purchase Current Value \$

New businesses as well as established businesses need to complete the following section.

Personnel and Responsibilities - Number of Employees (include yourself):

Enter the name of the person responsible for each of the following:

Payroll Checks:	Estimating/Bids:	Letters of Credit:
Hiring or Firing:	Contracts:	Bonds:
Daily Operation and Management:	Purchase of Major Items or Supplies:	Banking Service:
Marketing or Sales:	Field Supervision:	Price and Bidding Negotiations:

List all owners. (Attach additional sheets if necessary.)

Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability
Name:	Social Security Number:	Percent Owned:	Equity:	Ownership Date:	<input type="checkbox"/> Racial/Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability

Organization - Fill in all applicable information. (Attach additional sheets as needed.)

Subsidiary (Complete **only** if your business is a subsidiary of another business.)

Parent Company:	Address (Street, City, State, Zip Code):	Telephone Number (include area code):
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Shared Space, Equipment, or Personnel (Complete **only** if you share space, equipment, or personnel with another business.)

Space (amount) Equipment (item) Personnel (name and position)			Name of Business:	
Address:	City:	State:	Zip Code:	Telephone Number (include area code):

Space (amount) Equipment (item) Personnel (name and position)			Name of Business:	
Address:	City:	State:	Zip Code:	Telephone Number (include area code):

Applicant Survey

Iowa state government is committed to affirmative action. To evaluate the success of the Targeted Small Business (TSB) program, certain information must be collected about TSBs. Please share some information about yourself to assist us in evaluating the program. The information you provide is used strictly for program evaluation and will be kept confidential.

Please write your numbered responses to items A through D in the corresponding spaces.

<input type="checkbox"/> A. What sex are you? 1. Male 2. Female	<input type="checkbox"/> B. Are you applying as a person with a disability? 1. Yes 2. No
<input type="checkbox"/> C. Of which racial or ethnic group do you consider yourself a member? 1. White 2. African American 3. Latino 4. Asian 5. Pacific Islander 6. American Indian 7. Alaskan Native American	<input type="checkbox"/> D. Have you applied for and been determined eligible to receive services by the Department of Education, Division of Vocational Rehabilitation or the Department for the Blind based on your disability? 1. Yes * 2. No **

*** If you answered Item D above as "Yes,"** send written verification from the Department of Education, Division of Vocational Rehabilitation, or from the Department for the Blind.

- OR -

**** If you answered Item D above as "No"** and are applying as a person who has a physical or mental impairment that substantially limits one or more of the major life activities, please have your physician complete the Verification of Disability form and return it with your application.

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
TARGETED SMALL BUSINESS PROGRAM

AFFIRMATION AND AUTHORIZATION

I understand that the Iowa Department of Inspections and Appeals (DIA) may request other relevant information at any time. If any purchasing authority for a department or an agency of state government has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, that information may be considered a material misrepresentation and may be grounds for terminating any contract awarded and for initiating criminal action under state laws concerning false statements or breach of contract, or both.

I certify that the information contained in this application for targeted small business status is correct. I understand that misrepresentation may be cause to be removed from the qualified vendor list and may incur any other penalties allowed by law.

I affirm that the employment practices of the applicant company do not discriminate because of age, race, creed, color, sex, national origin, religion, or disability.

I authorize anyone who possesses personal, educational, or other information needed by the Targeted Small Business section to fully evaluate my qualifications to furnish this information to the person designated by the Iowa Department of Inspections and Appeals.

I hereby release anyone from damage which may result from their furnishing or obtaining information for the Targeted Small Business program.

481-25.10(714) Fraudulent practices in connection with targeted small business programs. A violation under this rule is grounds for decertification of the TSB connected with the violation. Decertification shall be in addition to any penalty otherwise authorized by this chapter.

A person is considered to be guilty of a fraudulent practice if the person;

1. Knowingly transfers or assigns assets, ownership, or equitable interest in property of a business to a targeted group person primarily for the purpose of obtaining benefits under the TSB programs if the transferor would otherwise not be qualified for such programs.
2. Solicits and is awarded a state contract on behalf of a TSB for the purpose of transferring the contract to another for a percentage if the person transferring or intending to transfer the work had no intention of performing the work.
3. Knowingly falsifies information on an application for the purpose of obtaining benefits under TSB programs.

The Department may investigate allegations or complaints of fraudulent practices and will take action to decertify a TSB upon concluding that a violation has occurred. A decertification by this action may be appealed.

I have read and understand all of the above.

Date	Signature of Applicant
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Subscribed and sworn to before me this _____ day of _____, 20 ____.

My commission expires:

Notary Public

Return application to:

Iowa Department of Inspections and Appeals
Targeted Small Business Certification Program
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319-0083